STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

II. Name of lob	byist's partnershi	p, firm or corporation, if	any:		
	New Hamps	hire Municipal Associa	tion		
	(Name of partnersh	nip, firm or corporation)			
25 Triangle	Park Drive	Concord	NF	I	03301
Business Address:	: (Street)	(Town/City)	(Stat	e)	(Zip Code)
(603) 224.74	147 hone)	()	e-mail	governmer	ntaffairs@nhmunicipal.o
(Teleph	hone)	(Fa	x)	O	
reportable expe	ense transactions v	se one — file separate reponding the second of the second	e to any one client).		
<u> </u>	(Full Name	of Client as it appears on the I	obbyist Registration Form	n)	
All reportable	e transactions by the particular client.	e lobbyist (including the lo	bbyist's family), or the	lobbying firm	n listed below which are
V. Date of Rep Reports cover:		2017 🛣 of registration to 3/31/17	July 26, 2017 activity from 4/1/17 t		
		5, 2017	January 31, 2 activity from 10/1/17		
	cked, complete just	eived and no reportab this form and submit it to			
/I. Check if add	ditional reports a	e attached:			
\mathbf{X} If you have	received fees or ma	de expenditures, you must	file Addendum A-Fe	es and Expens	ses
If you have p Expense Reimbu		or reimbursed expenses, y	ou must file Addendur	m B- Report o	of Honorariums or
If you, your	firm, or your famil	y has made political contri	butions, you must file A	Addendum C	- Political Contributions
have read RSA	nt/Affirmation by 15, RSA 15-B, RS the best of my/kno	A 14-C and RSA 664 and	hereby swear or affirm	that the forego	oing information is true
	And W	5U	April 2	26, 2017	
(Signature of lol	byist)			(Date)	
Judy A. Sil	va, Executive D	irector			
Print Name of I	V				

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE RECEIVED

Lobbyists Fees and Expenses Addendum A

APR 28 2017

(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT, OF STATE

I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barb	ara T. Reid, Timothy W. Fortier
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Municipal Association	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Municipal Association	DateApril 26, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 44,463.81
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$44,463.81
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report is Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business east than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$44,463.81
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	44,463.81
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	44,463.81
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fe	es during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
•		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the	foregoing information
is true and complete to the best of my knowledge and belief.		
and Maller	April :	26, 2017
(Signature of lobbyist)		(Date)
Judy A. Silva		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Cordell A. Johnston
Name of Lobbying partnership, firm, or corporati	on:
Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal A	ne partnership, firm, or corporation and not related to any Association
Date of Report (check one):	
April 26, 2017 □	October 25, 2017 January 31, 2018
	Statement of Income and Expenses described above, and statement (insert the number of Addendum forms being
X Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inform complete to the best of my knowledge and belief.	nation on the Statement and each Addendum is true and
Cadell G. black	April 26, 2017
(Signature of lobbyist)	(Date)
Cordell A. Johnston	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Barbara T. Reid		
Name of Lobbying partnership, firm, or corporation			
Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal Ass	partnership, firm, or corporation and not related to any ociation		
Date of Report (check one):			
April 26, 2017 □	ober 25, 2017 □ January 31, 2018 □		
	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being		
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing informat complete to the best of my knowledge and belief.	ion on the Statement and each Addendum is true and		
Bertara T Reid	April 26, 2017		
(Signature of lobbyist)	(Date)		
Barbara T. Reid			
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Timothy W. Fortier
Name of Lobbying partnership, firm, or corporatio	n:
Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal As	partnership, firm, or corporation and not related to any ssociation
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ Oo	ctober 25, 2017 □ January 31, 2018 □
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being
X Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inform complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and
herry ten	April 26, 2017
(Signature of lobbyist)	(Date)
Timothy W. Fortier	_
(Print Name of lobbyist)	